

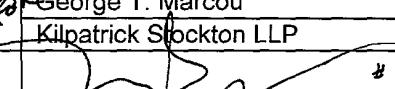
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	SAIC0031-US	Total Pages
		First Named Inventor or Application Identifier		
		Daniel B. Kilfoyle		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Express Mail Label No.	ic841 U.S. PRO 02/02/01	
		ADDRESS TO:	Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>((Submit an original, and a duplicate for fee processing))</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification Total Pages 39 <small>(preferred arrangement as set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) -Abstract of the Disclosure 		7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identify of above copies 		
ACCOMPANYING APPLICATION PARTS				
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>				
10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations				
12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)				
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status till proper and desired				
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(If foreign priority is claimed)</small>				
16. <input type="checkbox"/> Other: Request and Certification under 35 U.S.C. 122(b)(2)(B)(i)				
5. <input type="checkbox"/> Incorporation By Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: / _____				
18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label or <input type="checkbox"/> Correspondence address below				
Name	George T. Marcou KILPATRICK STOCKTON LLP			
Address	700 13th Street, N.W. Suite 800			
City	Washington	State	DC	Zip Code 20005
Country	U.S.A.	Telephone	202.508.5800	Fax 202.508.5858
Name (Print/Type)	George T. Marcou		Reg. No.	33,014
Signature	#44,465 (Patent Agent No.)		Date	2/2/01

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<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 501458</p> <p>Deposit Account Name KILPATRICK STOCKTON LLP</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td></tr> <tr><td>112</td><td>920</td><td>112</td><td>920</td></tr> <tr><td>113</td><td>1840</td><td>113</td><td>1840</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td></tr> <tr><td>118</td><td>1510</td><td>218</td><td>755</td></tr> <tr><td>128</td><td>2060</td><td>228</td><td>1030</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1320</td><td>241</td><td>660</td></tr> <tr><td>142</td><td>1320</td><td>242</td><td>660</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td></tr> <tr><td>122</td><td>130</td><td>120</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2520	147	2520	112	920	112	920	113	1840	113	1840	115	110	215	55	116	400	216	200	117	950	217	475	118	1510	218	755	128	2060	228	1030	119	310	219	155	120	310	220	155	121	270	221	135	138	1510	138	1510	140	110	240	55	141	1320	241	660	142	1320	242	660	143	450	243	225	144	670	244	335	122	130	120	130	123	50	123	50	126	240	126	240	581	40	581	40	146	790	246	395	149	790	249	395	Other fee (specify) _____				Other fee (specify) _____																															
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